

ELECTRIC PERMIT APPLICATION
Clarke County Building Department
101 Chalmers Ct., Suite B
Berryville, VA 22611
(540) 955-5112 Fax: (540) 955-5170

Check One: Residential Commercial Government Agricultural

******NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

DATE: _____ PERMIT #: _____
(For Office Use Only)

PROPERTY OWNER'S NAME: _____
Mailing Address: _____
Phone Number: _____

****CONTRACTOR'S NAME:** _____
Address: _____
Phone Number: _____
Virginia State Contractor's License Number: _____
License Expires: _____

****Please attach a copy of your state contractor's license. Any job over \$25,000 will also require a Clarke County Business License unless you are building in the Town of Berryville or the Town of Boyce. You would then need that town's business license. All businesses in Clarke County are required to have a Clarke County Business License regardless of the job value.**

LOCATION OF PROPERTY:
Subdivision: _____ Lot Number: _____
Street Address: _____
Directions to job site (from Building Dept. Office):

I hereby agree to comply with all provisions of the Virginia Uniform Statewide Building Code and all other applicable state and local laws.

Signature of Applicant _____

Printed Name of Applicant _____

Contractor Owner Agent Engineer/Architect

**Electric Permit Application
Page Two**

DESCRIPTION OF WORK: _____

ELECTRIC SERVICE:

If installing new service, relocating service, or reconnecting service, please indicate number of amps: _____
Is service Overhead or Underground? _____
Please indicate Work Order number provided by Power Company: _____

SOLAR/WIND ENERGY SYSTEMS:

On-Site Power Only: _____
Net Metering: _____
Please indicate size (KW): _____
Please indicate Work Order number provided by Power Company: _____

PLEASE INDICATE EQUIPMENT YOU ARE INSTALLING:

Are Sub-panels being installed? If yes, how many? _____
Are Fixtures, Lights, Switches, Receptacles, Outlets, and/or Circuits being added or relocated? _____
Are Motors being installed? If yes, how many? _____
Are Generators being installed? If yes, how many? _____
Are you installing or relocating Baseboard Heat? _____
Are you making an electric connection to a new or relocated HVAC System or Furnace? _____
Are you installing electric wall unit heaters? _____
Are you installing Signal Devices? _____
Are you making an Electric Connection to a New Well or Septic Pump? _____
Are you installing a Sub Station? If yes, how many KVs? _____

FOR OFFICE USE ONLY:

TAX MAP #: _____
MAGISTERIAL DISTRICT: _____
ACREAGE: _____
USE GROUP: _____
BUILDING CODE EDITION: _____